

MARA FLAMM V. SARNER & ASSOCIATES, P.C., ET AL.

**MOTION OF ATTORNEY DEFENDANTS TO DISMISS PLAINTIFF'S
COMPLAINT PURSUANT TO RULES 12(b)(1) AND 12(b)(6)**

DEFENDANTS' EXHIBIT 2

Statement of Claim



COMMONWEALTH OF PENNSYLVANIA
THE PHILADELPHIA MUNICIPAL COURT
34 SOUTH 11TH STREET,
PHILADELPHIA, PA 19107
ALAN K. SILBERSTEIN, PRESIDENT JUDGE

STATEMENT OF CLAIM

No. SC-

TYPED BY	APPROVED	COURT COSTS
		\$
MARA FLAMM 709 S. SCHELL STREET PHILA., PA 19147		
CODE	<input type="checkbox"/> CO	
Plaintiff(s)		Indant(s)

SERVICE ADDRESS (INFORMATION) If other than above

<input type="checkbox"/> MOTOR VEHICLE CASE - Defendant License Information		DATE OF ACCIDENT	LICENSE PLATE NO.
OPERATOR - DATE OF BIRTH	DEFENDANT - OPERATOR NO.	OWNER - DATE OF BIRTH	OWNER - OPERATOR NO.

TO THE DEFENDANT: The above named plaintiff(s) ask judgment in this Court against you for \$5,415.00 plus court costs upon the following claim: Plaintiff, Jodi E. Brown, MD, is a licensed adult and child psychiatrist, with offices at Constitution Place, Suite 1308, 325 Chestnut Street, Phila., PA 19106. Defendant is Mara Flamm who resides at 709 S South Perth Street, Phila., PA 19147, or who may also reside at 709 Schell Street, Phila., PA. Commencing on or about Plaintiff Dr. Brown provided psychiatric evaluation and psychiatric treatment services to Ms. Flamm, as set forth in greater detail on the attached billing statements. These services were provided at Plaintiff Dr. Brown's offices in Philadelphia. The amount of fee due for these psychiatric examination and treatment services is \$5,415.00. Plaintiff has demanded of Defendant that she pay the amount due. Defendant has refused to do so.

Principal Amount

\$ 5,415.00

Interest at 5 %

from

\$

Attorney's Fee:

\$

Other:

\$

TOTAL \$

PLUS COURT COSTS

☐ NOTICE TO DEFEND FILED

COUNSEL FOR PLAINTIFF/ATTY. I.D. NO., NAME & ADDRESS

Joshua Garner, Esq., 54463, 11 Penn Center, 29th Flr., Phila., PA 19103 ZIP CODE 19103 PHONE 215-496-1396

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF PHILADELPHIA ss:

I, _____
depose and say that the facts set forth in this complaint are true and correct and acknowledge that I am subject to the penalties of 18 P.S. 4904 relating to Unsworn Falsification to Authorities.

Signature Plaintiff/Attorney

SUMMONS to the defendant: You are hereby ordered to appear at a hearing scheduled as follows:

LOCATION (Sala)	DATE (Fecha)	TIME (Hora)
Courtroom 4- Fourth Floor, 34 South 11th Street	APRIL 4, 2002	9:30 AM

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed the seal of the Court this 20TH day of APRIL, 2002

Court Administrator, Philadelphia Municipal Court

IMPORTANT NOTICE TO THE DEFENDANT

You have been sued in court. If you wish to defend against the claims set forth, you must appear at the date, time and place as shown. You are warned that if you fail to appear, the case may proceed without you and a judgment may be entered against you by the Court without further notice for any money claimed in the complaint or for any other claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.

THE MUNICIPAL COURT COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT, WHICH REQUIRES THAT ALL COURT SERVICES AND FACILITIES BE ACCESSIBLE TO PERSONS WITH DISABILITIES ON AN EQUAL BASIS TO THOSE WITHOUT DISABILITIES. IF YOU HAVE A DISABILITY, AND REQUIRE REASONABLE ACCOMMODATIONS TO FILE A CLAIM, PARTICIPATE IN A MUNICIPAL COURT PROCEEDING, OR USE ANY SERVICE PROVIDED BY THE COURT, PLEASE CALL 686-7986. REQUESTS FOR REASONABLE ACCOMMODATIONS MUST BE MADE AT LEAST THREE BUSINESS DAYS BEFORE ANY HEARING, OR WITHIN THREE BUSINESS DAYS AFTER SERVICE (DELIVERY) OF THE NOTICE OF HEARING, WHICHEVER IS LATER.

NOTA IMPORTANTE PARA EL ACUSADO

Usted ha sido demandado en corte. Si usted desea defenderse contra las quejas que aparecen en contra suya debe usted apelar el día, la hora y sitio que se señalo. Usted esta advertido que si no comparece, el caso puede colinuar sin su presencia y una querella puede ser puesta en contra suya por la corte sin ninguna notificación, por dinero reclamado, o por alguna otra queja requiera por el demandante. Usted puede perder dinero, propiedad u otros derechos importantes para usted.

LA CORTE MUNICIPAL CUMPLE CON EL DECRETO DE AMERICANOS INCAPACITADOS (AMERICANS WITH DISABILITIES ACT). ESTE DECRETO REQUIERE QUE TODOS LOS SERVICIOS Y FACILIDADES DE CORTE SEAN ACCESIBLE A PERSONAS INCAPACITADAS. AL IGUAL QUE PERSONAS NO INCAPACITADAS SE USTED ESTE INCAPACITADO Y NECESITA ACOMODACIONES RAZONABLES. PARA PODER RADICAR UNA DEMANDA, PARTICIPAR EN ALGUN PROCEDIMIENTO O UTILIZAR SERVICIOS EN LA CORTE MUNICIPAL POR FAVOR LLAME AL TELEFONO 686-7986 PARA SOLICITAR ACOMODACIONES RAZONABLES DEBE LLAMAR POR LO MENOS TRES DIAS DE TRABAJO ANTES DE SU AUDIENCIA O DENTRO DE TRES DIAS DESPUES DE RECIBIR SU CITA, SEGUN LO QUE OCURRA PRIMERO.

A corporation or unincorporated association must be represented by an attorney except when damages are not in excess of \$2,500. In such cases, a corporation or unincorporated association may be represented by an officer who has documentation of such status. For further information, call 686-7987 or 7988.

33-7 (Rev 4/97)

PLAINTIFF

January 2001

Billing Summary

Mara Flamm
708 B
South Perth Street
Philadelphia, PA 19147

Jodi H. Brown, MD.
325 Chestnut Street, Suite 1308
Philadelphia, PA. 19106
215-625-9055

1997

Initial Evaluation (99245) \$190: April 14, 1997

Treatment Session (90844) \$140:

April 21

May 5,12

June 9,16,25

July 2,9,16,23,30

August 6,18,20,27

September 5,12,19,25,30

Treatment Session (90844) \$85: Discounted Fee

October 8,9,14,15,16,21,22,23,28,29,30

November 4,5,6,10,11,12,18,19,20,25,26

December 2,3,4,9,10

1998

Treatment Session (90844) \$85: Discounted Fee

January 6,7,13,14,15,20,21,22,27,28,29

February 9,10,11,17,23,24,25

March 2,3,4,9,23,31

April 1,6,8,13,14,15,20,22,27,28,29

May 7,11

October 5

Balance Due: \$5415

Diagnostic Code: 300.00